

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

43967

State File No.

FILED DEC 19 1957

BIRTH NO.		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY OR TOWN <u>Sullivan</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				e. STREET ADDRESS (If rural, give location) <u>Conway Place 8361</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELISE</u>		b. (Middle) <u>EWELYN</u>		c. (Last) <u>HOERATH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 30 1915</u>	
9. AGE (in years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machine operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paramount Cdn. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bourbon Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Pikney A. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>ETTA V. SITES</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Hoerath</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-18-1126</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Hoerath Sullivan Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Transverse Colon</u> DUE TO (c) <u>Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>8 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>153X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 19 1957</u> to <u>Dec. 17 1957</u> , that I last saw the deceased alive on <u>Dec 17, 1957</u> and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edna Mae Hoerath</u>				23b. ADDRESS <u>Sullivan, Mo</u>		23c. DATE SIGNED <u>12/17/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 19 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bourbon</u>		24d. LOCATION (City, town, or county) (State) <u>Bourbon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-18-57</u>		REGISTRAR'S SIGNATURE <u>Thomas G. Murphy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman C. Hoerath Cuba, Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

496

JAN 29 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4673

P. O. Address Cuba, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.